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*2008 Arizona Youth Survey*

*Apache County*



**REPORT PROVIDED BY:**

Arizona Criminal Justice Commission

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# *2008 Arizona Youth Survey*

## *Shining Light on Arizona Youth*

Arizona Criminal Justice Commission

### **IN PARTNERSHIP WITH:**

Arizona Department of Gaming's Office of Problem Gambling

Arizona Juvenile Justice Commission

Arizona Parent's Commission on Drug Education and Prevention

Governor's Division for Substance Abuse Policy

Governor's Office for Children, Youth, and Families

Tobacco Education and Prevention Program,  
Arizona Department of Health Services

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# Introduction

## 2008 Arizona Youth Survey Summary for Apache County

This report summarizes some of the findings from the 2008 Arizona Youth Survey (AYS) administered to 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade students during the spring of 2008. The results for your county are presented along with comparisons to 2004 and 2006 survey results where applicable, as well as to the overall results for the state. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

All schools in Arizona are eligible to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all of the 15 counties. Careful planning and uniform administration of the survey have resulted in survey data that are valid and representative of the students in 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades in Arizona.

Table 1 contains the characteristics of the students who completed the survey

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from your county and the state. Because not every student answered all of the questions, the number of students in the gender and ethnicity categories often will be less than the total number of students.

Whenever data is obtained from a sample of students instead of the entire population, it is important to recognize the strengths and weaknesses of the data. One quick and easy way to investigate the quality of the sample is to look at the basic demographic characteristics of the students who participated in the survey and compare them to what is known about the entire population of students. This will give the user of these data a basic understanding of the degree to which the sample data can be generalized to the entire population. It is important to note that even when the characteristics of the sample do not match well to the characteristics of the population this does not mean the data lose their usefulness. The data included in this report describes the level of risk and protective factors, substance use, anti-social behavior, and delinquency of those youth who participated in the survey, which can be used to inform the development of school and community-based prevention and intervention activities that may benefit both the youth who participated in the survey and those that did not.

## Changes to the AYS Survey for 2008

In an effort to shorten the AYS and make it more responsive to local priorities, the following changes were made for 2008: 1) some of the substance use questions were refined and the use of over-the-counter drugs was added, 2) some risk and protective factor scales were removed where the data could easily be obtained from other sources or the scales measured similar constructs (scales removed are

**Table 1. Characteristics of Participants**

Student Totals								
Total Students	County 2004		County 2006		County 2008		State 2008	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
	309	100	357	100	299	100	25,695	100
Grade								
8	309	100.0	357	100.0	299	100.0	25,695	100.0
Gender								
Male	144	47.2	167	47.6	153	51.9	12,462	49.5
Female	161	52.8	184	52.4	142	48.1	12,730	50.5
Ethnicity*								
Native American	288	93.8	323	94.2	281	87.3	2,416	7.7
African American	0	0.0	2	0.6	6	1.9	1,962	6.3
Hispanic	2	0.7	1	0.3	17	5.3	11,563	37.0
White	13	4.2	12	3.5	12	3.7	13,824	44.3
Asian	0	0.0	0	0.0	3	0.9	951	3.0
Pacific Islander	0	0.0	0	0.0	3	0.9	511	1.6

\*In 2008, students could mark more than one ethnic category and the "other" category was removed.

# Risk and Protective Factors

Transitions and Mobility, Community Disorganization, Intention to Use Drugs, and Social Skills), 3) questions about where students get the alcohol they drink were added, 4) an 8-State Norm was added that can be used to compare the AYS results on risk, protection, and antisocial behavior to a more national sample (see the description of the 8-State Norm later in this report), and 5) National Outcome Measures that are needed for measuring the performance of federally funded programs in Arizona such as talking to parents about the dangers of substance use were added.

## The Risk and Protective Factor Model of Substance Abuse Prevention

Many states, school districts and local agencies have adopted the Risk and Protective Factor Model to guide their prevention efforts. The Risk and Protective Factor Model of Prevention is based on the simple premise that to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart disease such as diets high in fat, lack of exercise and smoking, a team of researchers at the University of Washington have identified a set of risk factors for youth problem behaviors. Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth. Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of

Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior. They have found, for example, that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research include social bonding to family, school, community, and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior.

By measuring both risk and protective factors in a population, prevention programs can be implemented that are designed to reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance.

The chart below shows the links between the 19 risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

Risk Factors	Community					Family				School		Peer / Individual							
	Community Laws & Norms Favorable Toward Drug Use, Firearms & Crime	Availability of Drugs & Firearms	Transitions & Mobility	Low Neighborhood Attachment	Community Disorganization	Extreme Economic & Social Deprivation	Family History of the Problem Behavior	Family Conflict	Family Management Problems	Favorable Parent Attitudes & Involvement in the Problem Behavior	Academic Failure	Lack of Commitment to School	Early Initiation of Drug Use & Other Problem Behavior	Early & Persistent Antisocial Behavior	Alienation & Rebelliousness	Friends Who Use Drugs & Engage in a Problem Behavior	Favorable Attitudes Toward Drug Use & Other Problem Behaviors	Gang Involvement	Constitutional Factors
Substance Abuse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delinquency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Teen Pregnancy						✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓
School Drop-Out			✓			✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓
Violence	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓	✓

SOURCE: COMMUNITIES THAT CARE (CTC) PREVENTION MODEL, CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP), SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMSHA)

# The Arizona Substance Abuse Partnership

The Arizona Substance Abuse Partnership (ASAP) was established by Governor Napolitano's Executive Order 2007-12 in June 2007. Chaired by the Governor's Chief of Staff, ASAP is composed of representatives from state government entities, federal entities, and community organizations. ASAP serves as the single statewide council on substance abuse prevention, enforcement, and treatment.

It is ASAP's mission to ensure community driven, agency supported outcomes to prevent and reduce the negative impacts of alcohol, tobacco and other drugs by building and sustaining partnerships between prevention, treatment, and enforcement. Through coordination among its members and their agencies and organizations ASAP strives to ensure that substance abuse funding is spent in the most efficient and efficacious manner.

ASAP has identified four strategic focus areas for 2008: 1) child welfare and substance abuse; 2) law enforcement and drug trafficking; 3) emerging trends and the state's capacity to respond; and 4) data-driven decisions and policy development.

There are currently six sub-committees that assist ASAP in meeting their goals:

- **Arizona Underage Drinking Committee** - The purpose of this subcommittee is to develop a statewide underage drinking initiative to prevent and reduce underage drinking in Arizona. Their activities include state-level infrastructure change to improve cross coordination/collaboration between state agencies; developing a comprehensive statewide prevention system focused on preventing underage drinking; and collaborative projects to more effectively utilize resources and support local efforts.
- **Substance Abuse Epidemiology Work Group** – The purpose of this work group is to continuously evaluate data related to substance abuse to move the state system through a data-driven process. This is achieved through the completion of a statewide Substance Abuse Epidemiology Profile. This profile will be updated every two years, with specific analyses completed each year.
- **Emerging Issues Sub-Committee of the Substance Abuse Epidemiology Work Group** – The purpose of this sub-committee is to provide understanding of emerging substance abuse consumption and consequence trends in Arizona to state agencies, Boards, Commissions and Committees, and ASAP and its sub-committees.
- **Methamphetamine Task Force** – The purpose of this task force is to bring together representatives from state agencies, local government, businesses, and community groups to develop collaborative efforts among treatment, prevention, and law enforcement systems to assess and address the impact of methamphetamine statewide through information sharing, resource allocation, service coordination, and the development of statewide policy recommendations sensitive to the needs of local and tribal communities.
- **Co-Occurring Policy Advisory Team** – The Co-Occurring Policy Advisory Team serves as the advisory body and policy-making entity for the Arizona Co-Occurring State Incentive Grant. Team members represent a number of state agencies and community-based organizations.
- **Workforce Development Committee** – This committee was formed specifically to identify and address substance abuse prevention training and technical assistance needs across Arizona. This will, in turn, help strengthen instruction for prevention professionals and volunteers in community coalitions.

# How to Read the Charts in this Report

There are five types of charts presented in this report: 1) substance use, 2) antisocial behavior and youth gambling, 3) risk factors, 4) protective factors, and 5) where youth obtained alcohol. When available, data from the 2004 and 2006 administrations will be included in the charts. The actual percentages from the charts are presented in tables at the end of this report.

## Substance Use Charts

This report contains information about alcohol, tobacco, and other drug use (referred to as ATOD use throughout this report) and other problem behaviors of students. The bars on each chart represent the percentage of students in that grade who reported the behavior. The three sections in the charts represent different types of problem behaviors. The definitions of each of the types of behavior are provided below.

- **Lifetime use** is a measure of the percentage of students who tried the particular substance at least once in their lifetime and is used to show the percentage of students who have had experience with a particular substance.
- **30-day use** is a measure of the percentage of students who used the substance at least once in the 30 days prior to taking the survey and is a more sensitive indicator of the level of current use of the substance.
- **Heavy use** includes **binge drinking** (having five or more drinks in a row during the two weeks prior to the survey) and use of **one-half a pack or more of cigarettes per day**.

## Antisocial Behavior and Gambling Charts

- **Antisocial behavior (ASB)** is a measure of the percentage of students who report **any involvement during the past year** with eight antisocial behaviors: suspended from school, drunk or high at school, sold illegal drugs, stolen a vehicle, been arrested, attacked someone to harm them, carried a handgun, taken a handgun to school. The chart also displays **any incidents in the past 30 days** of drinking and driving or riding in a car with a drinking driver.

- **Gambling behavior** charts show the percentage of students who engaged in each of the 10 types of gambling “for money, possessions, or anything of value” during the past year: played gambling machines, played the lottery, bet on sports, played cards, bought a raffle ticket, played bingo, gambled on the internet, bet on a dice game, bet on a game of personal skill and bet on horse or animal races. The chart also shows the percentage of students who engaged in any gambling behavior during the past year.

## Risk and Protective Factor Charts

The risk and protective factor charts show the percentage of students at high risk and with high protection for each of the risk and protective factor scales. The risk and protective factor scales measure specific aspects of youths’ life experiences that are predictive of whether they will engage in problem behaviors. A definition of each risk and protective factor scale is contained in Table 2. The factors are grouped into four domains: community, family, school, and peer/individual.

The bars on the risk and protective factor charts, represent the percentage of students whose answers reflect significant risk or protection. There are bars for the last three administrations of the AYS: 2004, 2006, and 2008. By looking at the percentage of youth at risk and with protection over time, it is possible to determine whether the percentage of students at risk or with protection is increasing, decreasing, or staying the same. This information is important when deciding which risk and protective factors warrant attention and when assessing risk reduction and protective factor enhancement efforts.

## Where Youth Obtained Alcohol Charts

This chart displays data regarding the ways that students obtained alcohol in the past 30 days. The data focus on a subgroup of students who indicated at least one means of obtaining alcohol. (Students reporting no alcohol use are not represented.) It is important to note that the charts represent a subgroup of users and not the entire survey population. Additionally, the smaller the sample, the more dramatic the influence of a student’s responses. For example, if only one student in a particular grade reported where he/she obtained alcohol, each category would show up as either 0% or 100%. The chart legend indicates the sample size for each grade surveyed to help clarify the value of the data.

## How to Read the Charts in this Report (cont'd)

### School Safety Charts

The school safety profile charts contain the percentages of students who felt unsafe at school or on the way to school, were threatened or injured with a weapon at school, were in a physical fight at school, carried a weapon to school or were picked on or bullied at school. The complete questions and values for each response option can be seen in Table 11.

### Dots and Diamonds

The dots on the charts represent the percentage of all of the youth surveyed across Arizona who reported substance use, problem behavior, elevated risk, or elevated protection. The diamonds represent national data from either the Monitoring the Future Survey or the 8-State Norm (described below). A comparison to the state-wide and national results provides additional information for your community in determining the relative significance of levels of ATOD use, antisocial behavior, risk, and protection. Information about other students in the state and the nation can be helpful in determining the seriousness of a given level of problem behavior.

### The 8-State Norm

The diamonds on the charts allow a comparison between the levels of risk and protection in your

community and a more national sample. The 8-State Norm value for each risk and protective factor scale represents the percentage of youth at risk or with protection for eight states across the country (Arizona, Arkansas, Louisiana, Michigan, Montana, Nebraska, Oklahoma and Utah). In developing the 8-State Norm, the contribution of each of eight states was proportional to its percentage of the national population, which helps to make the results more representative of youth nation-wide. A comparison between the ATOD use rates from the 8-State norm and those from the national Monitoring the Future Survey showed the rates to be very similar, which provides added confidence in the validity of the 8-State Norm. Brief definitions of the risk and protective factors scales are provided in Table 2 following the profile charts. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under *Contacts for Prevention*.

### Drug Free Communities Reports

Table 12 contains the information that is reported by communities with Drug Free Communities Grants, such as the perception of the risk of ATOD use, perception of parent and peer disapproval of ATOD use, past 30-day use, and average age of first use.

## Practical Implications of the Assessment

### No Child Left Behind

The Safe and Drug-Free Schools and Communities section of the No Child Left Behind Act (NCLB) requires that schools and communities use six Principles of Effectiveness to guide their decisions and spending on federally funded prevention and intervention programs. First introduced in 1998 by the Department of Education, the Principles of Effectiveness outline a data-driven process for ensuring that prevention programs achieve the desired results. The Principles of Effectiveness stipulate that local prevention programs and activities must:

1. be based on a needs assessment using objective data regarding the incidence of drug use and violence,
2. target specific performance objectives,
3. be based on scientific research and be proven to reduce violence or drug use,
4. be based on the analysis of predictor variables such as risk and protective factors,
5. include meaningful and ongoing parental input in program implementation, and
6. have periodic evaluations of established performance measures.

The results of the AYS presented in this report can help your school and community comply with the NCLB Act. The Substance Use and Antisocial Behavior charts provide information related to Principle 1 and the Risk and Protective Factor charts provide information related to Principle 4. Overall, using the risk and protective factor framework helps schools meet all of the Principles of Effectiveness, and thereby assists schools in complying with the NCLB Act.

# Assessment and Planning

## School and Community Improvement Using Survey Data

### Why Conduct the Arizona Youth Survey?

Data from the Arizona Youth Survey can be used to help schools and communities assess current conditions and identify and prioritize local prevention issues.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help your county make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

### What are the numbers telling you?

Review the charts and data tables presented in this report. Using the table below, note your findings as you discuss the following questions.

- Which 3-5 risk factors are of the greatest concern?
- Which 3-5 protective factors are your community’s highest priority?
- Which levels of 30-day drug use are of greatest concern?
  - Which substances are your students using the most?
  - At which grades do you see unacceptable usage levels?
- Which levels of antisocial behaviors are of greatest concern?
  - Which behaviors are your students exhibiting the most?
  - At which grades do you see unacceptable behavior levels?

### How to decide if a rate is “unacceptable.”

- **Look across the charts** – which items stand out as either much higher or much lower than the others?
- **Compare your data with statewide and national data** – differences of five percent between local and other data are probably significant.

### Use these data for program and policy development.

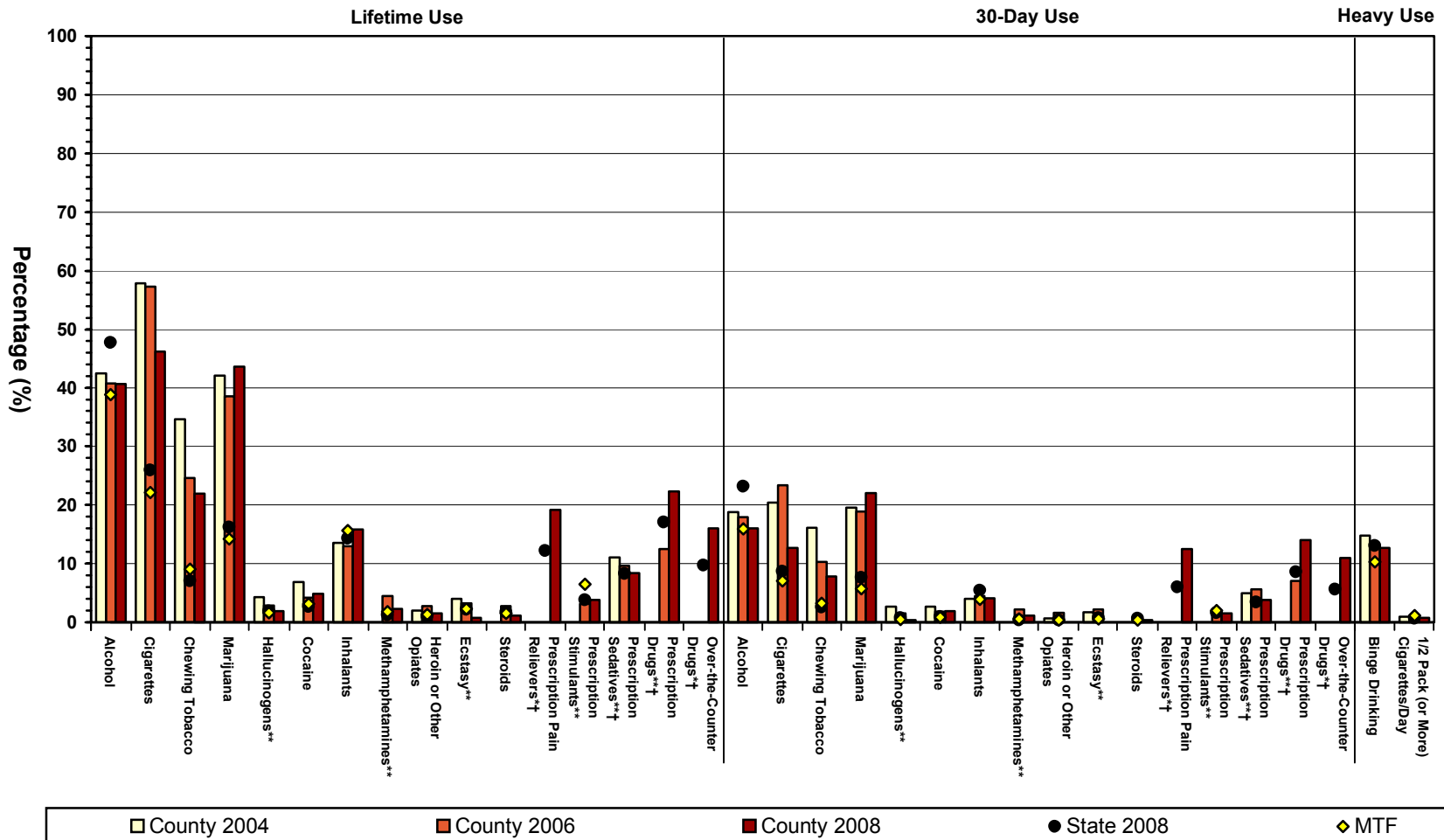
- **Substance use and antisocial behavior data** – identify issues, raise awareness about the problems, and promote school and community dialogue.
- **Risk and protective factor data** – identify key objectives that will help your school or community achieve its prevention goals.

Use the resources listed on the last page of this report, *Contacts for Prevention*, for ideas about prevention programs that have proven effective in addressing the risk factors that are high in your community and improving the protective factors that are low.

MEASURE	Unacceptable Rate #1	Unacceptable Rate #2	Unacceptable Rate #3	Unacceptable Rate #4
Risk Factors				
Protective Factors				
Substance Use				
Antisocial Behaviors				

# Substance Use

## LIFETIME, 30 DAY & HEAVY ATOD USE 2008 Apache County, Grade 8



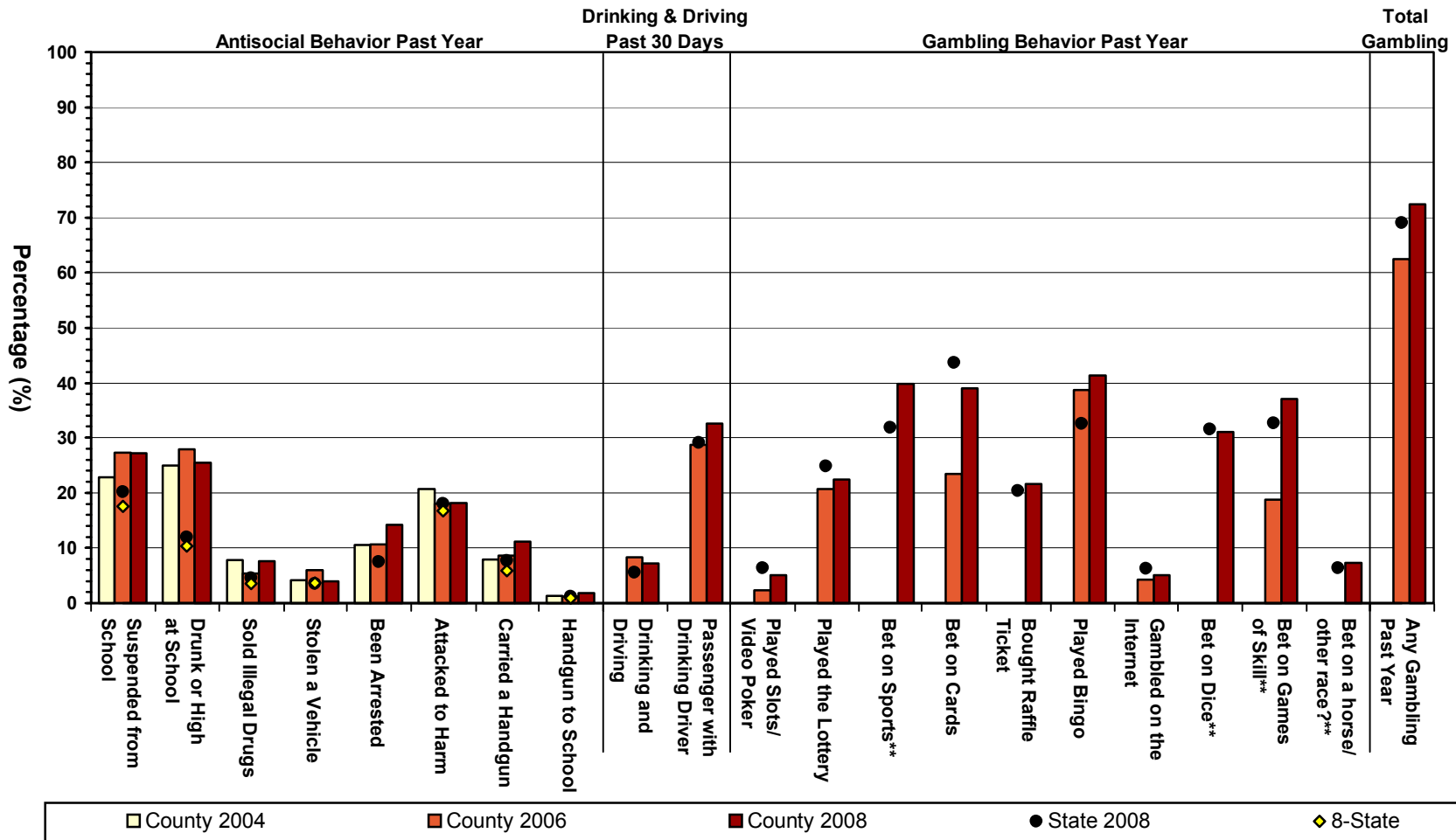
\* Substance categories that were not measured and reported in one or more survey administrations prior to 2008.

\*\* Denotes a change in the wording of the question between 2008 and prior administrations. Non-comparable data are omitted from charts. Consult appendix for a detailed explanation.

† No equivalent category for these substances in the Monitoring the Future survey.

# Antisocial Behavior and Gambling

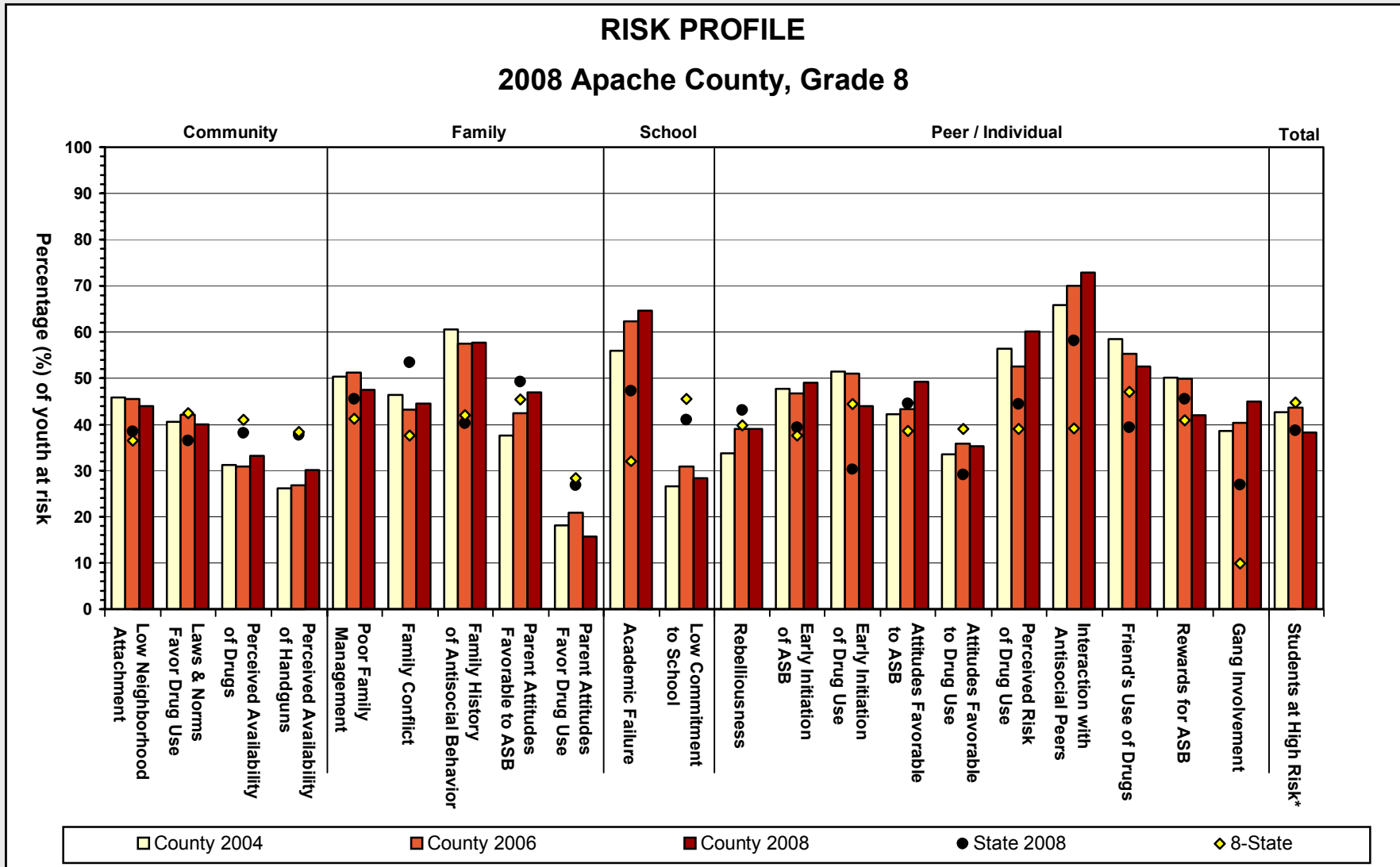
## ANTISOCIAL BEHAVIOR, DRINKING/DRIVING & GAMBLING\* 2008 Apache County, Grade 8



\* Because not all eight states ask gambling and drinking & driving questions, no 8-State value is reported. Gambling and drinking & driving data were not collected prior to 2006.

\*\* Denotes a change in the wording of the question between 2008 and 2006 administration. Non-comparable data are omitted from charts. Consult appendix for a detailed explanation.

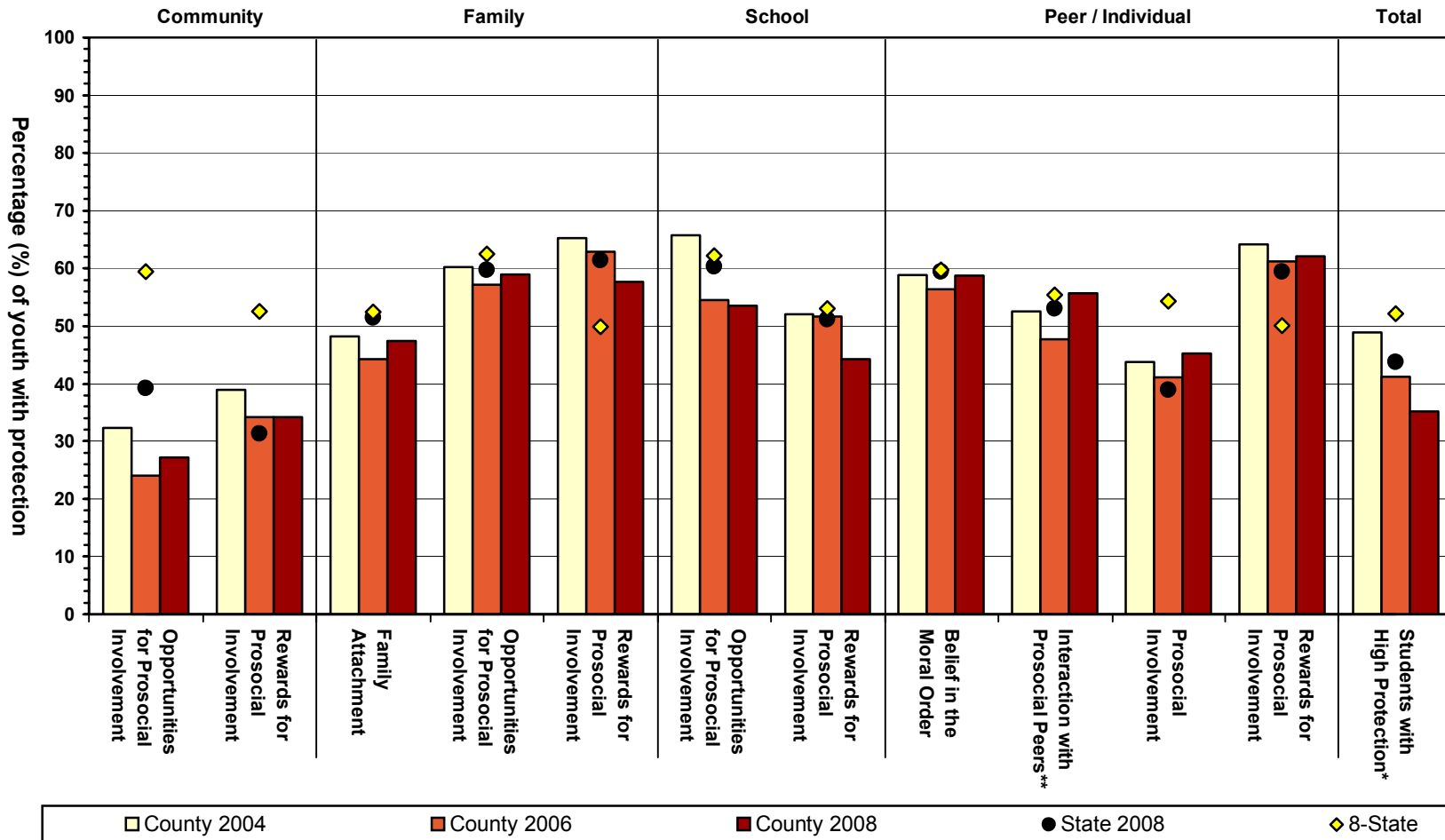
# Risk and Protective Factor Profiles



\* High Risk youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives. (8<sup>th</sup> grade: eight or more risk factors, 10<sup>th</sup> & 12<sup>th</sup> grades: nine or more risk factors.)

# Risk and Protective Factor Profiles

## PROTECTIVE PROFILE 2008 Apache County, Grade 8



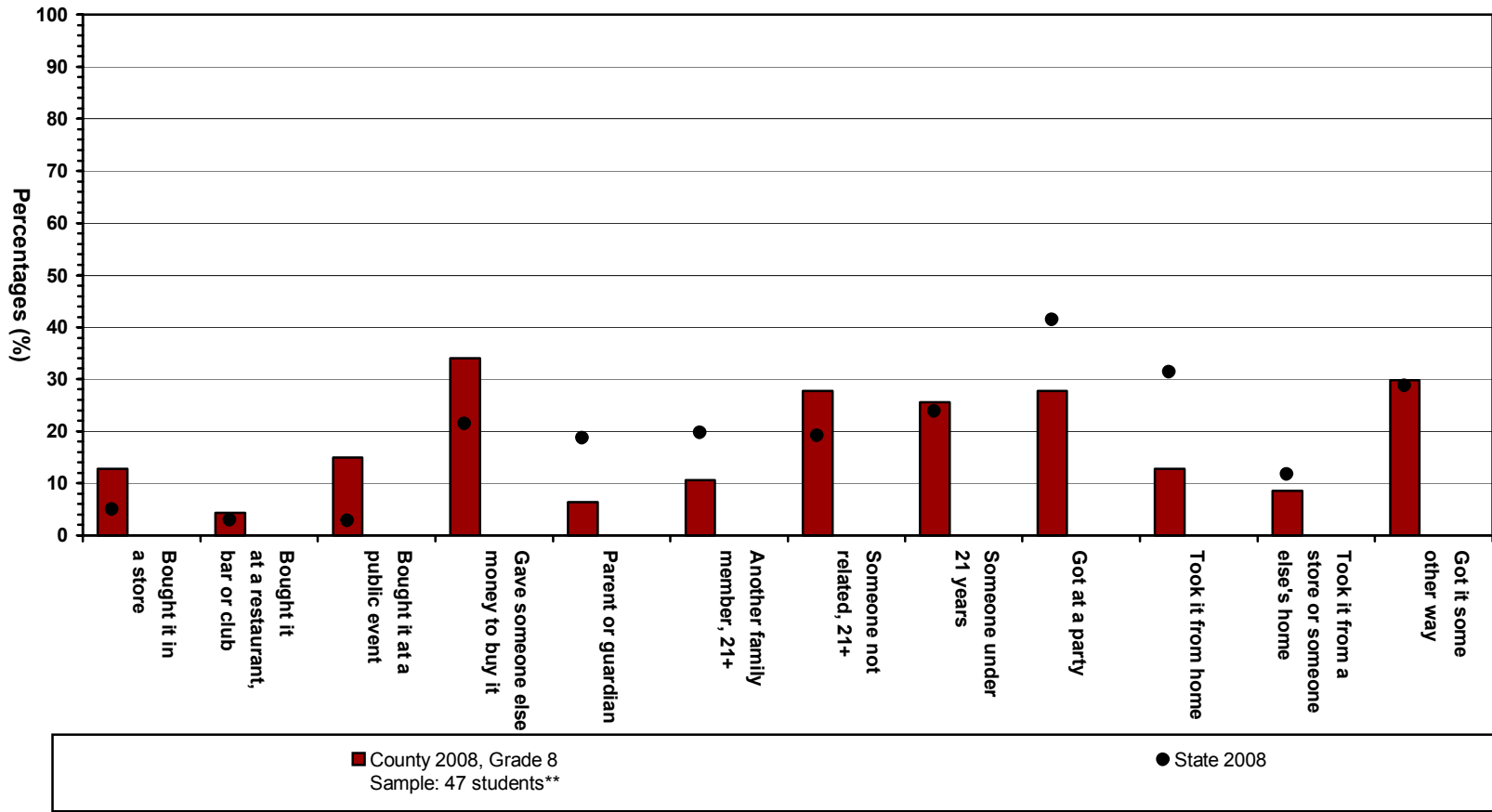
\* High Protection youth are defined as the percentage of students who have five or more protective factors operating in their lives.

\*\* Denotes a change in the wording of the question between 2008 and prior administrations. Consult appendix for a detailed explanation.

# Where Youth Obtained Alcohol

## WHERE YOUTH OBTAINED ALCOHOL\* 2008 Apache County Student Survey, Grade 8

If during the past 30 days you drank alcohol, how did you get it?  
(Mark all that apply)

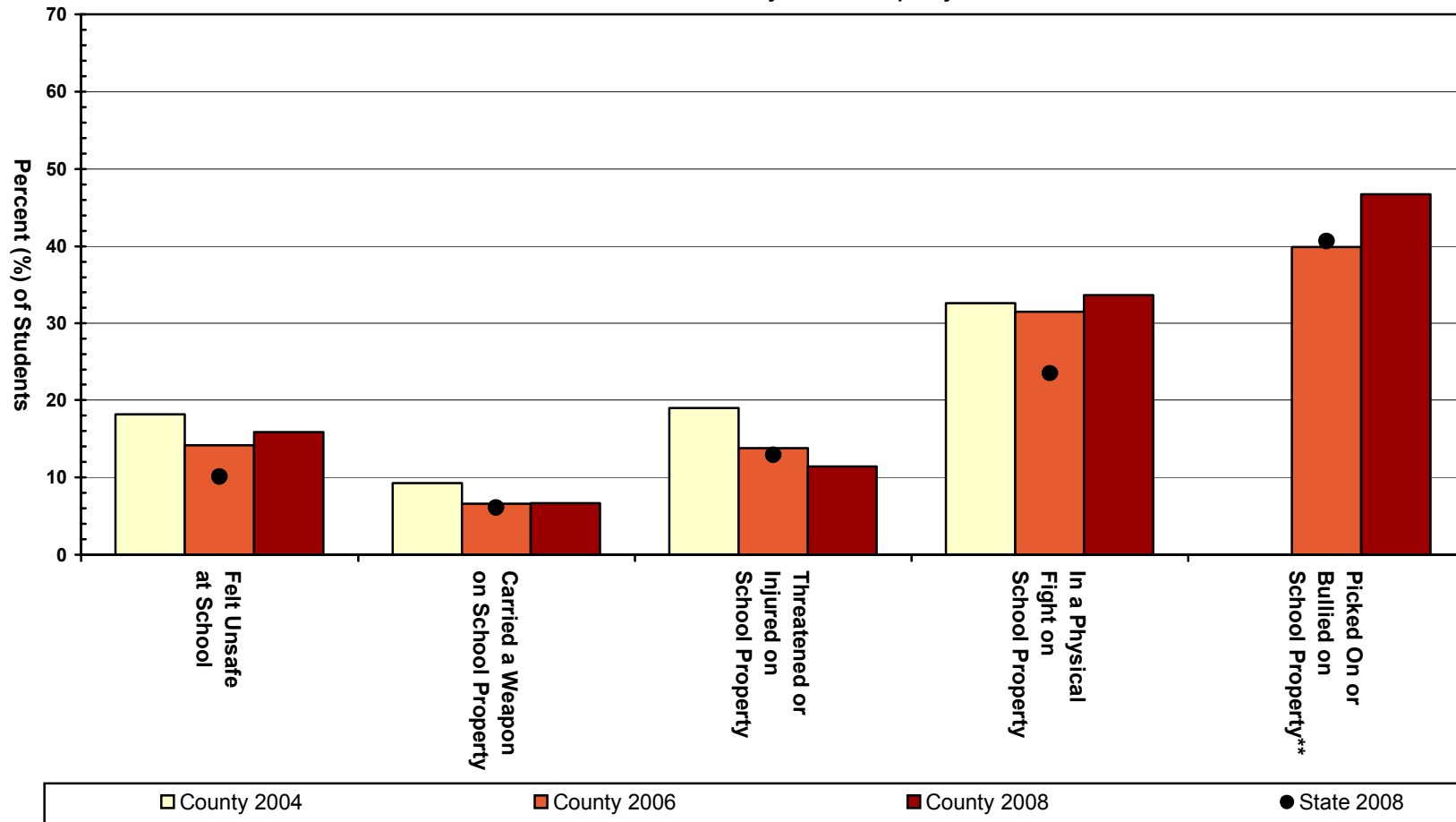


\* Prior to 2008, the AYS did not survey where youth obtained alcohol. Also, because not all eight states ask where youth obtained alcohol, no 8-State value is reported.  
 \*\* Sample size represents the number of students who indicated at least one means of obtaining alcohol. (Students reporting no alcohol use are not represented.) In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

# School Safety

## SCHOOL SAFETY PROFILE\* 2008 Apache County, Grade 8

Percentage of students reporting any experience with the indicated safety issue in the past year



\* Because not all eight states ask school safety questions, no 8-State value is reported.

\*\* Bullying on school property was not measured in the 2004 survey administration.

## Risk and Protective Scale Definitions

**Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles**

<i>Community Domain Risk Factors</i>	
<i>Low Neighborhood Attachment</i>	Low neighborhood bonding is related to higher levels of juvenile crime and drug selling.
<i>Laws and Norms Favorable Toward Drug Use</i>	Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use.
<i>Perceived Availability of Drugs and Handguns</i>	The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents.
<i>Community Domain Protective Factors</i>	
<i>Opportunities for Prosocial Involvement</i>	When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors.
<i>Rewards for Prosocial Involvement</i>	Rewards for positive participation in activities helps youth bond to the community, thus lowering their risk for substance use.
<i>Family Domain Risk Factors</i>	
<i>Poor Family Management</i>	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. Also, parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems.
<i>Family Conflict</i>	Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use.
<i>Family History of Antisocial Behavior</i>	When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors.
<i>Parental Attitudes Favorable Toward Antisocial Behavior &amp; Drugs</i>	In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.
<i>Family Domain Protective Factors</i>	
<i>Family Attachment</i>	Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors.
<i>Opportunities for Prosocial Involvement</i>	Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors.
<i>Rewards for Prosocial Involvement</i>	When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors.
<i>School Domain Risk Factors</i>	
<i>Academic Failure</i>	Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors.
<i>Low Commitment to School</i>	Surveys of high school seniors have shown that the use of drugs is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use.

## Risk and Protective Scale Definitions

**Table 2. Scales that Measure the Risk and Protective Factors Shown in the Profiles (cont'd)**

<i>School Domain Protective Factors</i>	
<i>Opportunities for Prosocial Involvement</i>	When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors.
<i>Rewards for Prosocial Involvement</i>	When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors.
<i>Peer-Individual Risk Factors</i>	
<i>Rebelliousness</i>	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence and normlessness have all been linked with drug use.
<i>Early Initiation of Antisocial Behavior and Drug Use</i>	Early onset of drug use predicts the misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use.
<i>Attitudes Favorable Toward Antisocial Behavior and Drug Use</i>	During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs or engage in antisocial behaviors. However, in middle school, as more youth are exposed to others who use drugs and engage in antisocial behavior, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use and antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use.
<i>Perceived Risk of Drug Use</i>	Young people who do not perceive drug use to be risky are far more likely to engage in drug use.
<i>Interaction with Antisocial Peers</i>	Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves.
<i>Friends' Use of Drugs</i>	Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing.
<i>Rewards for Antisocial Behavior</i>	Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use.
<i>Gang Involvement</i>	Youth who belong to gangs are more at risk for antisocial behavior and drug use.
<i>Peer-Individual Protective Factors</i>	
<i>Belief in the Moral Order</i>	Young people who have a belief in what is "right" or "wrong" are less likely to use drugs.
<i>Interaction with Prosocial Peers</i>	Young people who associate with peers who engage in prosocial behavior are more protected from engaging in antisocial behavior and substance use.
<i>Prosocial Involvement</i>	Participation in positive school and community activities helps provide protection for youth.
<i>Rewards for Prosocial Involvement</i>	Young people who are rewarded for working hard in school and the community are less likely to engage in problem behavior.

# Data Tables

**Table 3. Percentage of Students Who Used ATODs During Their Lifetime**

In your lifetime, on how many occasions (if any) have you: (One or more occasions)		Grade 8			
		County 2004	County 2006	County 2008	State 2008
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	42.5	40.8	40.7	47.8
Cigarettes	smoked cigarettes?	57.9	57.3	46.2	25.9
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	34.6	24.6	21.9	7.1
Marijuana	used marijuana?	42.1	38.6	43.7	16.2
Hallucinogens**	used LSD or other hallucinogens?	4.3	2.9	1.9	1.9
Cocaine	used cocaine or crack?	6.9	4.2	4.9	2.7
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	13.5	13.0	15.8	14.3
Methamphetamines**	used methamphetamines (meth, crystal, crank)?	n/a	4.5	2.3	1.2
Heroin or Other Opiates	used heroin or other opiates?	2.0	2.8	1.5	1.0
Ecstasy**	used Ecstasy ('X', 'E', or MDMA)?	4.0	3.2	0.8	2.2
Steroids	used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone)?	n/a	2.8	1.1	1.7
Prescription Pain Relievers*	used prescription pain relievers (such as Vicodin, OxyContin, Percocet or Codeine) without a doctor telling you to take them?	n/a	n/a	19.2	12.2
Stimulants (2004 only)**	used stimulants ("amphetamines", "meth", "crystal", "crank") without a doctor telling you to take them?	7.3	n/a	n/a	n/a
Prescription Stimulants**	used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them?	n/a	3.1	3.8	3.8
Prescription Sedatives**	used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills)?	11.1	9.6	8.4	8.3
Prescription Drugs**	<i>combined results of 2008 prescription stimulant, sedative and pain reliever questions (see appendix for details)</i>	n/a	12.5	22.3	17.1
Over-the-Counter Drugs*	used over-the-counter drugs (such as cough syrup, cold medicine, or diet pills) for the purposes of getting high?	n/a	n/a	16.0	9.7

\* Substance categories that were not measured and reported in one or more survey administrations prior to 2008 (also denoted by 'n/a' in the data column).

\*\* Denotes a change in the wording of the question between 2008 and prior administrations. Consult appendix for a detailed explanation.

# Data Tables

**Table 4. Percentage of Students Who Used ATODs During the Past 30 Days**

In the past 30 days, on how many occasions (if any) have you: (One or more occasions)		Grade 8			
		County 2004	County 2006	County 2008	State 2008
Alcohol	had alcoholic beverages (beer, wine or hard liquor) to drink - more than just a few sips?	18.8	17.9	16.0	23.2
Cigarettes	smoked cigarettes?	20.4	23.4	12.7	8.7
Chewing Tobacco	used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)?	16.1	10.3	7.8	2.6
Marijuana	used marijuana?	19.5	18.9	22.0	7.6
Hallucinogens**	used LSD or other hallucinogens?	2.7	1.5	0.4	0.8
Cocaine	used cocaine or crack?	2.7	1.8	1.9	1.0
Inhalants	sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	4.0	4.5	4.1	5.4
Methamphetamines**	used methamphetamines (meth, crystal, crank)?	n/a	2.2	1.1	0.4
Heroin or Other Opiates	used heroin or other opiates?	0.7	1.6	0.0	0.4
Ecstasy**	used Ecstasy ('X', 'E', or MDMA)?	1.7	2.2	0.0	0.8
Steroids	used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone)?	n/a	0.6	0.4	0.7
Prescription Pain Relievers*	used prescription pain relievers (such as Vicodin, OxyContin, Percocet or Codeine) without a doctor telling you to take them?	n/a	n/a	12.5	6.0
Stimulants (2004 only)**	used stimulants ("amphetamines", "meth", "crystal", "crank") without a doctor telling you to take them?	2.3	n/a	n/a	n/a
Prescription Stimulants**	used prescription stimulants (such as Ritalin, Adderall, or Dexedrine) without a doctor telling you to take them?	n/a	1.9	1.5	1.6
Prescription Sedatives**	used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills)?	5.0	5.6	3.8	3.4
Prescription Drugs**	<i>combined results of prescription stimulant, sedative and pain reliever questions (see appendix for details)</i>	n/a	7.1	14.0	8.6
Over-the-Counter Drugs*	used over-the-counter drugs (such as cough syrup, cold medicine, or diet pills) for the purposes of getting high?	n/a	n/a	11.0	5.6

\* Substance categories that were not measured and reported in one or more survey administrations prior to 2008 (also denoted by 'n/a' in the data column).

\*\* Denotes a change in the wording of the question between 2008 and prior administrations. Consult appendix for a detailed explanation.

# Data Tables

**Table 5. Percentage of Students Reporting Heavy ATOD Use**

		Grade 8			
		County 2004	County 2006	County 2008	State 2008
Binge Drinking	How many times have you had 5 or more alcoholic drinks in a row in the past 2 weeks?	14.8	13.0	12.7	13.1
1/2 Pack (or more) of Cigarettes/Day	During the past 30 days, how many cigarettes did you smoke per day? (11 to 20 cigarettes, More than 20 cigarettes)	1.0	0.9	0.8	0.7

**Table 6. Percentage of Students Reporting Antisocial Behavior**

<b>How many times in the past year (12 months) have you: (One or more times)</b>		Grade 8			
		County 2004	County 2006	County 2008	State 2008
Suspended from School		22.8	27.3	27.2	20.2
Drunk or High at School		25.0	27.9	25.5	12.0
Sold Illegal Drugs		7.8	5.4	7.6	4.6
Stolen or Tried to Steal a Motor Vehicle		4.2	6.0	4.0	3.6
Been Arrested		10.5	10.6	14.2	7.5
Attacked Someone with the Idea of Seriously Hurting Them		20.7	18.1	18.2	18.1
Carried a Handgun		7.9	8.6	11.2	7.7
Carried a Handgun to School		1.3	1.2	1.8	1.2
<b>During the past 30 days, how many times did you: (One or more times)</b>		Grade 8			
		County 2004	County 2006	County 2008	State 2008
DRIVE a car or other vehicle when you had been drinking alcohol?*		n/a	8.3	7.2	5.6
RIDE in a car or other vehicle driven by someone who had been drinking alcohol?*		n/a	28.7	32.6	29.1

\* These categories were not measured the in 2004 survey administration (also denoted by 'n/a' in the data column).

# Data Tables

**Table 7. Percentage of Students Gambling in the Past Year**

How often have you done the following for money, possessions, or anything of value: (At least once in the past 12 months or more)	Grade 8			
	County 2004	County 2006	County 2008	State 2008
Any Gambling	n/a	62.5	72.4	69.1
Played a slot machine, poker machine or other gambling machine?	n/a	2.3	5.1	6.4
Played the lottery or scratch-off tickets?	n/a	20.7	22.4	24.8
Bet on sports?*	n/a	n/a	39.9	31.8
Played cards?	n/a	23.4	39.0	43.7
Bought a raffle ticket?	n/a	n/a	21.6	20.4
Played bingo?	n/a	38.7	41.4	32.6
Gambled on the Internet?	n/a	4.3	5.1	6.3
Played a dice game?*	n/a	n/a	31.0	31.5
Bet on a game of personal skill such as pool or a video game?*	n/a	18.8	37.1	32.7
Bet on a horse or other animal race?*	n/a	n/a	7.3	6.4

**Table 8. Percentage of Students Reporting Protection**

Protective Factor	Grade 8			
	County 2004	County 2006	County 2008	State 2008
<b>Community Domain</b>				
Opportunities for Prosocial Involvement	32.3	24.0	27.2	39.3
Rewards for Prosocial Involvement	39.0	34.2	34.2	31.3
<b>Family Domain</b>				
Family Attachment	48.2	44.3	47.4	51.5
Opportunities for Prosocial Involvement	60.2	57.2	59.0	59.7
Rewards for Prosocial Involvement	65.3	62.9	57.7	61.4
<b>School Domain</b>				
Opportunities for Prosocial Involvement	65.7	54.5	53.5	60.3
Rewards for Prosocial Involvement	52.1	51.7	44.3	51.2
<b>Peer-Individual Domain</b>				
Belief in the Moral Order	58.9	56.4	58.8	59.4
Interaction with Prosocial Peers*	52.6	47.7	55.7	53.1
Prosocial Involvement	43.8	41.1	45.3	39.0
Rewards for Prosocial Involvement	64.2	61.2	62.1	59.4
<b>Total Protection</b>				
Students with High Protection**	48.9	41.2	35.1	43.8

\*Denotes a change in the wording of the question between 2008 and prior administrations. Consult appendix for a detailed explanation.

\*\*High Protection youth are defined as the percentage of students who have five or more protective factors operating in their lives.

# Data Tables

**Table 9. Percentage of Students Reporting Risk**

Risk Factor	Grade 8			
	County 2004	County 2006	County 2008	State 2008
<b>Community Domain</b>				
Low Neighborhood Attachment	45.9	45.5	44.0	38.5
Laws & Norms Favor Drug Use	40.6	42.1	40.1	36.6
Perceived Availability of Drugs	31.2	30.9	33.3	38.2
Perceived Availability of Handguns	26.1	26.8	30.1	37.8
<b>Family Domain</b>				
Poor Family Management	50.4	51.3	47.5	45.5
Family Conflict	46.4	43.3	44.6	53.5
Family History of Antisocial Behavior	60.6	57.5	57.7	40.3
Parent Attitudes Favorable to ASB	37.7	42.5	47.0	49.3
Parent Attitudes Favor Drug Use	18.1	20.9	15.7	26.8
<b>School Domain</b>				
Academic Failure	56.0	62.3	64.6	47.3
Low Commitment to School	26.6	30.9	28.3	41.0
<b>Peer-Individual Domain</b>				
Rebelliousness	33.8	39.1	39.1	43.1
Early Initiation of ASB	47.7	46.8	49.1	39.4
Early Initiation of Drug Use	51.5	51.0	44.0	30.3
Attitudes Favorable to ASB	42.3	43.4	49.3	44.6
Attitudes Favorable to Drug Use	33.6	35.9	35.4	29.1
Perceived Risk of Drug Use	56.4	52.6	60.2	44.5
Interaction with Antisocial Peers	65.9	70.0	72.9	58.2
Friend's Use of Drugs	58.5	55.3	52.6	39.4
Rewards for ASB	50.2	49.9	42.0	45.6
Gang Involvement	38.6	40.4	45.0	26.9
<b>Total Risk</b>				
Students at High Risk*	42.7	43.7	38.3	38.7

\* *High Risk* youth are defined as the percentage of students who have more than a specified number of risk factors operating in their lives.  
(8th grade: eight or more risk factors, 10th & 12th grades: nine or more risk factors)

## Data Tables

**Table 10. Where Youth Obtained Alcohol**

If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply)	Grade 8	
	County 2008	State 2008
<i>Sample size*</i>	47	4,418
I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station	12.8	5.0
I bought it at a restaurant, bar, or club	4.3	3.0
I bought it at a public event such as a concert or sporting event	14.9	2.9
I gave someone else money to buy it for me	34.0	21.4
My parent or guardian gave it to me	6.4	18.7
Another family member who is 21 or older gave it to me	10.6	19.7
Someone not related to me who is 21 or older gave it to me	27.7	19.2
Someone under the age of 21 gave it to me	25.5	23.8
I got it at a party	27.7	41.5
I took it from home	12.8	31.4
I took it from a store or someone else's home	8.5	11.7
I got it some other way	29.8	28.7

\* Sample size represents the number of students who indicated at least one means of obtaining alcohol. (Students reporting no alcohol use are not represented.) In the case of smaller sample sizes, caution should be exercised before generalizing results to the entire community.

# Data Tables

**Table 11. Percentage of Students Reporting School Safety Issues**

Question		Grade 8			
		County 2004	County 2006	County 2008	State 2008
During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?	0 times	81.0	86.2	88.6	87.1
	1 time	9.8	6.3	6.2	6.6
	2-3 times	5.6	4.0	2.6	3.5
	4-5 times	1.3	1.4	0.7	1.0
	6-7 times	0.3	0.9	0.4	0.4
	8-9 times	0.0	0.0	0.4	0.3
	10-11 times	0.0	0.6	0.7	0.1
	12 or more times	2.0	0.6	0.4	0.9
During the past 12 months, how many times were you in a physical fight on school property?	0 times	67.4	68.5	66.3	76.5
	1 time	14.1	16.8	16.7	12.9
	2-3 times	12.2	8.1	12.6	6.9
	4-5 times	3.9	2.6	2.2	1.7
	6-7 times	0.7	1.2	1.1	0.6
	8-9 times	0.0	0.0	0.0	0.4
	10-11 times	0.0	0.6	0.7	0.3
	12 or more times	1.6	2.3	0.4	0.7
During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?*	0 times	n/a	60.1	53.3	59.4
	1 time	n/a	18.2	22.1	13.2
	2-3 times	n/a	17.9	9.9	11.5
	4-5 times	n/a		5.1	4.3
	6-7 times	n/a		1.5	1.9
	8-9 times	n/a		1.1	1.2
	10-11 times	n/a		1.8	0.8
	12 or more times	n/a	3.8	5.1	7.7
During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?	0 days	81.8	85.8	84.1	89.9
	1 day	9.2	6.9	9.6	5.8
	2-3 days	5.0	3.5	3.3	2.7
	4-5 days	1.0	1.4	1.1	0.6
	6 or more days	3.0	2.3	1.9	1.0
	During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?	0 days	90.7	93.4	93.3
1 day		3.3	3.5	4.4	3.1
2-3 days		2.7	1.7	2.2	1.3
4-5 days		0.3	0.3	0.0	0.5
6 or more days		3.0	1.2	0.0	1.2

\* In 2006 the choices for this question were *Never*, *Once*, *Several Times* and *Very Often*. This category was not measured in the 2004 survey administration (also denoted by 'n/a' in the data column).

## Data Tables

**Table 12. Drug Free Communities Report\***

Outcome	Definition	Substance	County 2008					
			Grade 8		Male†		Female†	
			Percent	Sample	Percent	Sample	Percent	Sample
<b>Perception of Risk</b> <i>(People are at Moderate or Great Risk of harming themselves if they...)</i>	drink 1 or two drinks nearly every day	Alcohol	65.3	245	62.7	118	67.7	124
	smoke 1 or more packs or cigarettes per day	Cigarettes	67.7	248	65.0	120	71.2	125
	smoke marijuana regularly	Marijuana	66.0	241	63.2	117	68.6	121
<b>Perception of Parent Disapproval</b> <i>(Parents feel it would be Wrong or Very Wrong to...)</i>	drink beer, wine, or hard liquor regularly	Alcohol	96.8	218	95.1	103	98.2	112
	smoke cigarettes	Cigarettes	95.8	216	95.1	103	96.4	110
	smoke marijuana	Marijuana	95.3	211	93.1	101	97.2	108
<b>Perception of Peer Disapproval</b> <i>(I think it is Wrong or Very Wrong for someone my age to...)</i>	drink beer, wine, or hard liquor regularly	Alcohol	81.4	280	76.1	142	87.4	135
	smoke cigarettes	Cigarettes	79.3	280	76.1	142	83.0	135
	smoke marijuana	Marijuana	74.2	279	69.5	141	80.7	135
<b>Past 30-Day Use</b>	at least one use in the Past 30 Days	Alcohol	16.0	268	18.5	135	13.8	130
		Cigarettes	12.7	259	14.2	127	11.6	129
		Marijuana	22.0	268	28.9	135	14.6	130
			Percent	Sample	Percent	Sample	Percent	Sample
<b>Average Age of Onset**</b> <i>(How old were you when you first...)</i>	had more than a sip or two of beer, wine or hard liquor?	Alcohol	43.4	279	42.8	145	42.7	131
		Average age:	12.1 years		12.2 years		12.1 years	
	smoked a cigarette, even just a puff?	Cigarettes	48.2	282	49.7	143	45.6	136
		Average age:	11.6 years		11.7 years		11.6 years	
	smoked marijuana?	Marijuana	40.1	282	49.3	142	29.9	137
		Average age:	12 years		12 years		12 years	

\* The "Sample" column represents the sample size (the number of youth who answered the question). The "Percent" column represents the percentage of youth in the sample answering the question as defined.

\*\* For Average Age of Onset, "Sample" represents the number of youth who answered the question (including students responding that they never used). The "Percent" column represents the percentage of youth in the sample reporting any age of first use for the specified substance. "Average age" is calculated by averaging the ages of first use of students reporting any use.

† The male and female values allow a gender comparison for youth who completed the survey. However, unless the percentage of students who participated from each grade is similar, the gender results are not necessarily representative of males and females in the community.

# Appendix

## Appendix - Comparability of survey administrators

<i>Issue</i>	<i>2004 AYS</i>	<i>2006 AYS</i>	<i>2008 AYS</i>	<i>Notes regarding changes</i>
<i>Drug Category</i>	<i>On how many occasions (if any) have you:</i>	<i>On how many occasions (if any) have you:</i>	<i>On how many occasions (if any) have you:</i>	
Hallucinogens	Used LSD or other psychedelics during the past 30 days?	Used LSD or other psychedelics during the past 30 days?	Used LSD or other hallucinogens during the past 30 days?	Substituted "hallucinogens" for "psychedelics" in 2008. Comparable across all years.
Meth-amphetamines	Not applicable, no methamphetamine-specific item on 2004 AYS	Used methamphetamines (meth, speed, crank, crystal meth)?	Used methamphetamines (meth, crystal, crank)?	2006 and 2008 provide slightly different examples, but are cautiously comparable.
Prescription stimulants	Used stimulants ("amphetamines", "meth", "crystal", "crank") without a doctor telling you to take them?	Used stimulants, other than methamphetamines (such as amphetamines, Ritalin, or Dexedrine) without a doctor telling you to take them?	Used prescription stimulants (such as Ritalin, Adderal, or Dexedrine) without a doctor telling you to take them?	2004 is not comparable to any other years, data are presented for archival interest. 2006 and 2008 data are cautiously comparable.
Prescription sedatives	Used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	Used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them?	Used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills)?	2008 AYS added descriptor "prescription" and removed qualifier "without a doctor telling you to take them." 2008 data are cautiously comparable with other years.
Ecstasy	Used MDMA ('X', 'E', or ecstasy)?	Used MDMA ('X', 'E', or ecstasy)?	Used ecstasy ('X', 'E', or MDMA)?	2008 AYS used "ecstasy" as the primary descriptor and moved "MDMA" to examples. Comparable across years.
Prescription drugs	Not applicable, no prescription drugs item on 2004 AYS	Used sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills), stimulants, other than methamphetamines (such as amphetamines, Ritalin, or Dexedrine) or other prescription drugs (such as Oxycontin) without a doctor telling you to take them? <i>(composite question, see notes)</i>	Used prescription stimulants (Ritalin, Adderall, or Dexedrine), sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) or pain relievers (Vicodin, OxyContin, Percocet or Codeine) without a doctor telling you to take them? <i>(composite question, see notes)</i>	In 2006, responses to the stimulant, sedative and other prescription drug questions were calculated as one measure. (2006 had no prescription pain reliever item.) In 2008, responses to the stimulant, sedative and prescription pain reliever questions were calculated as one measure. (2008 had no standalone prescription drug item.) 2006 and 2008 data are cautiously comparable. (Note that composite 2006 data will not match past reports' prescription drugs category.)
<i>Gambling Category</i>	<i>Not applicable, no gambling items on 2004 AYS</i>	<i>How often during the past 12 months have you:</i>	<i>How often have you done the following for money, possessions, or anything of value:</i>	
Sports betting	n/a	Bet on team sports?	Bet on sports?	Not comparable across years.
Race betting	n/a	Bet money on horse races?	Bet on a horse race or other animal race?	Not comparable across years.
Dice	n/a	Bet on dice games such as craps?	Played a dice game?	Not comparable across years.
Games of skill	n/a	Bet on games of personal skill such as pool, darts, or bowling?	Bet on a game of personal skill such as pool or a video game?	Comparable across years.
<i>Protective Scale: Peer-Individual</i>	<i>Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: (Scale is calculated based on the average response [0, 1, 2, 3 or 4 friends] to the following questions)</i>			<i>Regularly attended religious services</i> was removed from 2008 AYS. 2004 and 2006 have been recalculated to match 2008 AYS and are now comparable across all years. Due to this recalculation, current reports may differ slightly from past reports.
Interaction with Prosocial Peers	...participated in clubs, organizations and activities at school? ...made the commitment to stay drug-free? ...tried to do well in school? ...liked school? ...regularly attended religious services?(removed in 2008)			

# Contacts for Prevention

## Regional Prevention Contacts

### **Cochise, Graham, Greenlee, Pima, and Santa Cruz Counties**

Bill Burnett  
Community Partnership of Southern Arizona (CPSA)  
(520) 618-8807

### **Gila, La Paz, Pinal, and Yuma Counties**

Linda Weinberg  
Cenpatico Behavioral Health of Arizona  
(866) 495-6738

### **Apache, Coconino, Mohave, Navajo, and Yavapai Counties**

Petrice Post  
Northern Arizona Regional Behavioral Health Authority (NARBHA)  
(928) 214-2177

### **Maricopa County**

Juan Aristizabal  
Magellan  
(602) 797-8256

### **Gila River Indian Community**

Joan Grey  
Gila River Regional Behavioral Health Authority  
(602) 528-7136

### **Pasqua Yaqui Tribe**

Centered Spirit Program  
Jill Fabian  
(520) 879-6067

### **Navajo Nation**

Department of Behavioral Health Services  
(928) 871-6235

### **White Mountain Apache Tribe**

Apache Behavioral Health Services  
(928) 338-4811

### **Colorado River Indian Tribes**

(928) 669-6577

## Other State and National Contacts:

### **Arizona Criminal Justice Commission**

Michelle Neitch/ Phillip Stevenson  
(602) 364-1173/(602) 364-1157  
[www.azcjc.gov](http://www.azcjc.gov)

### **Arizona Department of Education**

Student Services Division  
[www.ade.az.gov](http://www.ade.az.gov)

### **Arizona Department of Health Services**

Division of Behavioral Health Services  
Lisa Shumaker  
(602) 364-4594  
[www.azdhs.gov/bhs/index.htm](http://www.azdhs.gov/bhs/index.htm)

### **Arizona Prevention Resource Center**

(800) 432-2772  
[www.azprevention.org](http://www.azprevention.org)

### **Center for Violence Prevention and Community Safety**

Charles Katz  
(602) 543-6618  
[charles.katz@asu.edu](mailto:charles.katz@asu.edu)

### **Center for Substance Abuse Prevention (CSAP)**

<http://prevention.samhsa.gov>

### **Governor's Office of Children, Youth, and Families**

(602) 542-4043  
<http://www.governor.state.az.us/cyf/index.html>

### **Safe and Drug Free Schools and Communities**

U.S. Department of Education  
[www.ed.gov/offices/OESE/SDFS](http://www.ed.gov/offices/OESE/SDFS)

### **Arizona Department of Gaming's Office of Problem Gambling**

Elise Mikkelsen  
(602) 266-8299 ext. 351  
[www.problemgambling.az.gov](http://www.problemgambling.az.gov)

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

[www.samhsa.gov](http://www.samhsa.gov)

### **Office of Juvenile Justice and Delinquency Prevention**

<http://ojjdp.ncjrs.org/>

### **Western Regional Center for the Application of Prevention Technologies (CAPT)**

[www.westcapt.org](http://www.westcapt.org)

### **Bach Harrison, L.L.C.**

R. Steven Harrison, Ph.D.  
(801) 359-2064  
[www.bach-harrison.com](http://www.bach-harrison.com)